

[Need Help?](#)

[Home](#) [New BEAR Form](#) [Track Form](#) [Bulk Download](#) [Terms and Conditions](#) [Deadline Extension](#) [Logout](#)

View BEAR Invoice

 [PRINTABLE PAGE](#)

The following has been successfully certified:

Certified on 8/9/2017 3:15 PM

Invoice ID: 2656424

Created on 8/9/2017 3:15 PM

Last updated on 8/9/2017 3:15 PM

Applicant Form Identifier CityPower14Hope

Block 1: Header Information

[Need Help?](#)

1. Billed Entity Name

Hope School

2. Billed Entity Number

73275

3. Service Provider

Identification Number (SPIN)

143004961

Applicant FCC Form 498 ID

443007906

4. Contact Name

John Thompson

5. Contact Telephone Phone (217) 585-5437 ext. 701

Contact Fax (217) 585-5421

Contact Email jthompson@thehopeinstitute.us

6. Total Reimbursement Amount

(total from Block 2, Column 14)

\$ 27413.42

Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 973594	2670411	MONTHLY	7/1/2014		\$ 30801.60	89	\$ 27413.42	CERTIFIED

Block 3: Billed Entity Certification

[Need Help?](#)

Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.

To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 8/9/2017

17. Name John Thompson
18. Title/Position Server Administrator
20. Address 1 15 EAST HAZEL DELL LANE
Address 2
City SPRINGFIELD
State IL
Zip Code 62712 -

19. Phone Number (217) 585-5437 ext. 701
19a. Fax Number (217) 585-5421
19b. Email jthompson@thehopeinstitute.us
19c. Name of Authorized Person's Employer The Hope Institute

OMB Number 3060 - 0856 Form 472

[SLD Home](#) | [Contact Us](#)

Client Service Bureau: 1-888-203-8100

© 1997 - 2007, Universal Service Administrative Company. All Rights Reserved.